

NEW HAMPSHIRE INSURANCE DEPARTMENT
FRAUD UNIT
ISO SUPPLEMENTAL INTAKE FORM
THIS FORM IS TO BE USED BY INSURERS TO SUPPLEMENT AN ISO REFERRAL

Claimant: _____ Fraud Unit ID: _____ Investigator: _____ Insurer: _____

Person filling out this form: _____ Today's Date: _____

Please limit your answer to the space provided. This form is intended only to be a summary of the case. It should not be relied upon as a complete description of the investigation. Please refer to the case documents for additional information.

Claim Information

<input type="checkbox"/> Paid <input type="checkbox"/> Withdrawn <input type="checkbox"/> Settled	<input type="checkbox"/> Denied <input type="checkbox"/> Pending <input type="checkbox"/> Other _____	Date of Claim: _____ Claim Amount \$ _____ Deductible Amount \$ _____	<input type="checkbox"/> Auto <input type="checkbox"/> W/C <input type="checkbox"/> Other _____	<input type="checkbox"/> Homeowners <input type="checkbox"/> LAH
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Information on False Statement/Criminal Activity

Describe False Statement/Information Concealed or Other Suspected Criminal Activity:

Explain Why Statement is Known/Suspected to be False:

Evidence That Claimant/Suspect Acted Knowingly and/or With Intent to Defraud/Deceive the Insurer

☐ Admission
☐ Misrepresentations
☐ Financial motive
☐ Other motive _____
☐ Failed to pursue claim/withdrew claim
☐ Obstruction of investigation
☐ Failed to avoid harmful consequences
☐ Other _____

Evidence Demonstrating Identity of Claimant/Suspect

☐ Eyewitness

☐ Insurance agent ☐ SIU ☐ Law enforcement ☐ Stranger ☐ Friend/Family ☐ Other _____

☐ Admission

☐ To insurance agent ☐ To SIU ☐ To law enforcement ☐ To Stranger ☐ To Friend/Family
☐ Other _____
☐ By telephone ☐ In-person

☐ Signature Comparison

☐ Comparison to driver's license
☐ Comparison to other known sample
☐ Identification by person familiar with handwriting
☐ Other _____

☐ Check deposited into claimant's bank account
☐ Check cashed by claimant
☐ Computer forensics
☐ Fingerprints/DNA
☐ Other _____

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Reason for New Hampshire Jurisdiction

- ☐ False statement made/prepared in NH
☐ False statement placed into mail in NH
☐ False statement faxed from NH
☐ Other _____
- ☐ Payment received in NH
☐ Money misappropriated in NH
☐ False statement received by insurer in NH

Has Claimant/Suspect Provided a Statement?

- ☐ Yes
☐ Admission ☐ Denial ☐ Other _____
- ☐ No
☐ Refused ☐ Expected to take place in future ☐ Not requested

Identify Other Agencies You Have Contacted Regarding This Matter

- ☐ Other State Fraud Bureau ☐ Law Enforcement ☐ Other Insurance Company ☐ Regulatory Agency ☐ Other

Agency Name and Contact Person _____

Other

Civil Litigation or Administrative Proceedings Pending: ☐ Yes ☐ No

Agency/Court _____

Is there any reason to believe that this incident is related to other suspected fraudulent activity? ☐ Yes ☐ No

Name, Address and Phone Number of Insurer's Attorney on this matter (if any):

☐ check here if no attorney

Name, Address and Phone Number of Claimant's/Suspect's Attorney on this matter (if any):

☐ check here if no attorney

Fraud Unit
New Hampshire Insurance Department
21 S. Fruit St., Ste 14
Concord, NH 03301
603-271-7973

www.nh.gov/insurance/fraud.htm
HNHFraud@ins.nh.gov

NH RSA 417:28 provides that "Any company which believes that an insurance fraud has been committed shall, within 60 days of forming such belief, send to the unit, on a form prescribed by the unit, the information requested and such additional information relative to the claim and other parties claiming loss or damage because of the claim as the unit may require...In the absence of fraud or malice, no public official or insurance company or person who furnishes information on behalf of the insurance company shall be liable for damages in a civil action or subject to criminal prosecution for any oral or written statement made or any other action taken that is necessary to supply information required pursuant to this section."